TF	MAR 2 8 2005 Conservork Reduction Act of 1995 ANSWELLTAL FORM all correspondence after initial		s are required to respond to a confidence of Application Number Filing Date First Named Inventor Art Unit Examiner Name	Patent and T collection of inf 09/913,4 08/14/20 Konstan 1732 M. Eash	001 ntinos Poulakis				
Total Number of Pages in This Submission			Attorney Docket Number	42014	42014				
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
Firm Name	SIGNA	TURE 0	F APPLICANT, ATTO	ORNEY, C)R AGENT				
Firm Name Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)									
Signature	Mus But								
Printed name	Mark S. Bicks								
Date 03/28/2005				Reg. No.	28,770				
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective Great	1084 809	Complete if Known								
Fees pursuant to the Consolidated App	iopriations Act, 2005 (H.R. 4818).	Application Number	09/913,403							
FEE TRAN	ISMITTAL	Filing Date	08/14/2001							
For FY	2005	First Named Inventor	Konstantinos Poulakis							
		Examiner Name	M. Eashoo							
Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	1732							
TOTAL AMOUNT OF PAYMENT	(\$) 950.00	Attorney Docket No.	42014							
METHOD OF PAYMENT (check all that apply)										
✓ Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
	Small Entity	Small Entity	Small Entity							
Application Type Fee ((\$) Fee (\$)	Fees Paid (\$)						
Utility 300		250 20		·						
Design 200	100	50 13	<u> </u>							
Plant 200	100	150 16								
Reissue 300		250 60								
Provisional 200	100 0	0	0 0	Small Entity						
Fee Description	2. EXCESS CLAIM FEES For Description									
Each claim over 20 or, for Reiss	sues, each claim over 20 an	d more than in the orig	inal patent	Fee (\$) Fee (\$) 50 25						
Each independent claim over 3	or, for Reissues, each indep	endent claim more tha	n in the original paten							
Multiple dependent claims	I-i	D=14 (A) B4(4)		360 180						
Total Claims 19 - 20 or HP = 0	<u>laims</u> <u>Fee (\$) Fee </u>		ple Dependent Claims e (\$) Fee Paid	(\$)						
HP = highest number of total claims pa	id for, if greater than 20		1007414	747						
Indep. Claims										
1 - 3 or HP = 0 x = HP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other: Notice of Appeal; 2	950.00									
SUBMITTED BY										

Registration No. 28,770 Telephone (202) 659-9076 Signature (Attorney/Agent) Date 03-28-2005 Name (Print/Type) Mark S. Bicks

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